

Hiram Police Department
Alcohol Licensee/Server's I.D. Card

****Read Carefully and Print Legibly****

Pricing

☐ New Card \$25.00 Non-Refundable Fee

I, the undersigned, hereby authorize the Hiram Police Department in Paulding County, Georgia to receive or obtain any criminal history about me.

I, the undersigned, hereby swear or confirm that I have not plead guilty or nolo contendere to, nor have I been convicted of any felony in the past ten (10) years. I also swear and affirm that I have not had a conviction of an alcohol related misdemeanor other than DUI, or a record of other conduct prohibited by the City of Hiram alcohol ordinance.

Name: _____

Last	First	Middle	Other
------	-------	--------	-------

DOB: _____ Race: _____ Sex: _____ Wgt: _____ Hgt.: _____ Eyes: _____ Hair: _____

SSN: _____ Drivers License #: _____ Exp. Date: _____

Address: _____

Street	City	State	Zip
--------	------	-------	-----

Home Phone: _____ Place of Birth: _____
City State

Applicant's Signature: _____ Date: _____

Employer (For I.D. Card): _____ Phone #: _____

***** Do Not Write Below This Line *****

Local: _____ GCIC: _____ Driver's History: _____

Approved/Denied By: _____

Issued By: _____ Date: _____

Receipt #: Case #:

Approved ☐ Denied ☐ _____
Chief of Police or Designee

City of Hiram

Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Hiram, whether the said records are of public, private, or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any state or local agency. Authorization is also given to the City to recheck and review the records at the City's discretion.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for eligibility for a server's id card.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I give consent to perform periodical criminal history background checks for the duration of my employment with

_____ (Business Name).

_____ (Initial and Date)

NOTARY

SIGNATURE including maiden name

DATE

ADDRESS

PHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: _____ AGE: _____ RACE: _____

A- Asian
B- Black
H- Hispanic
I- Indian
W- White
O- Other



APPLICANTS UNDER AGE 18:

SIGNATURE OF GUARDIAN: _____

THIS CONFIRMS THAT A CRIMINAL HISTORY WAS RUN ON THE ABOVE SUBJECT:
